Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

► The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047

Open to Public Inspection

City or town, state or country, and ZIP + 4 WASHINGTON, DC 20036 F Name and address of principal officer ADAM MEYERSON 1730 M STREET NW NO 601 WASHINGTON, DC 20036	TO HELP DONORS A	hone i) 822 receipt	ts \$ 6,224,554 Tyes No (see instructions)
Number and street (or P O box if mail is not delivered to street address) 1730 M STREET NW NO 601 City or town, state or country, and ZIP + 4 WASHINGTON, DC 20036 F Name and address of principal officer ADAM MEYERSON 1730 M STREET NW NO 601 WASHINGTON, DC 20036 US ▼ 501(c)(3) ▼ 501(c) () ◄ (insert no) ▼ 4947(a)(1) or ▼ 527 WWW PHILANTHROPYROUNDTABLE ORG on ▼ Corporation ▼ Trust ▼ Association ▼ Other ► mmary describe the organization's mission or most significant activities SSIST DONORS IN ACHIEVING THEIR PHILANTHROPIC INTENT, AND	E Telep Room/suite (202 G Gross H(a) Is this a group return H(b) Are all affiliates in If "No," attach H(c) Group exempt L Year of formation 19	hone i) 822 receipt for affilia cluded? a list ion nu	number -8333 ts \$ 6,224,554 ates ⁷ Yes No Yes No (see instructions)
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RTUNITY, AND PERSONAL RESPONSIBILITY IN AMERICA AND ABROA	D	ADVA	NCE LIBERTY,
this box 🔭 if the organization discontinued its operations or disposed of n	nore than 25% of its	net a	ssets
er of voting members of the governing body (Part VI, line 1a)	_	3	7
		4	7
		5	23
·	_		283
	-		10,350
irelated dusiness taxable income from Form 990-1, line 34		7b	-4,732
twhyteen and arents (Dart VIII June 1 h)		350	Current Year
			5,735,588 346,560
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· · · · · · · · · · · · · · · · · · ·	<u>.</u>		10,924
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		_	6,224,554
· · · · · · · · · · · · · · · · · · ·	250,0		250,000
1		0	0
iries, other compensation, employee benefits (Part IX, column (A), lines 5-	2,152,0	068	2,562,561
essional fundraising fees (Part IX, column (A), line 11e)		0	0
fundraising expenses (Part IX, column (D), line 25) •411,256			
- · · · · · · · · · · · · · · · · · · ·	2,437,9	931	2,703,924
al expenses Add lines 13–17 (must equal Part IX column (A) line 25)	4,839,9	999	5,516,485
Texpenses was mes is in (mast equal rate ix, column (x), me 25)			
enue less expenses Subtract line 18 from line 12	708,		708,069
· · · · · · · · · · · · · · · · · · ·	708,9 Beginning of Curre	916	708,069 End of Year
enue less expenses Subtract line 18 from line 12	708,9 Beginning of Curre Year	916 nt	End of Year
enue less expenses Subtract line 18 from line 12	708,5 Beginning of Curre Year 7,107,6	916 nt	End of Year 8,058,631
enue less expenses Subtract line 18 from line 12	708,9 Beginning of Curre Year	916 nt 027 359	End of Year
	er of voting members of the governing body (Part VI, line 1a)	er of voting members of the governing body (Part VI, line 1a)	er of independent voting members of the governing body (Part VI, line 1b)

Par		Program Servi e O contains a resp		lishments Jestion in this Part I	II		
1	Briefly describe the org	anızatıon's mıssıon					
THE					FREEDOM, TO ASSIST DOPPORTUNITY AND PE		
2	Did the organization und the prior Form 990 or 99	• =	ant program se		ar which were not listed o	n Ves No	
	If "Yes," describe these	new services on Sc	hedule O				
3	Did the organization ceaservices?	se conducting, or n	nake significar	nt changes in how it o	conducts, any program	┌ Yes ┌ No	
	If "Yes," describe these	changes on Schedu	ıle O				
4		501(c)(4) organizat	ions and secti	on 4947(a)(1) trusts	ee largest program service s are required to report the n service reported		d
4a	(Code) (Expenses \$	694,513	ıncludıng grants of \$) (Revenue	e \$ 336,210)
		, STRATEGIES, AND BES	T PRACTICES IN		NG OF FOUNDATION EXECUTIVE TTENDED THE ANNUAL MEETING		
4b	(Code) (Expenses \$	1,368,985	ıncludıng grants of \$	250,000) (Revenu	 e \$)
		SECURITY, AND HELPIN	G PEOPLE TO HEL	P THEMSELVES (SOCIAL)	DISCUSS BREAKTHROUGH INIT ISSUES), AND OTHER PROGRAM		
	(Code) (Expenses \$	1,197,494	ıncludıng grants of \$) (Revenue)
40	ALLIANCE FOR CHARITABLE	REFORM THE ALLIANC ND PRIVATE FOUNDATION	E FOR CHARITABI	LE REFORM IS A PROJECTION AND WHERE TO SPE	T OF THE PHILANTHROPY ROUN ND THEIR CHARITABLE ASSETS	DTABLE ITS MISSION IS T	
	Other program service	s (Describe in Sch	adula O) Saa	also Additional Data	for Description		
-tu	(Expenses \$		luding grants o) (Revenue \$)	
4e	Total program service	expenses - \$	4,691,86	2			

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes,"</i> complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instruction)? 🖘	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		Νo
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	Yes	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II	7		Νο
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 💆	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasiendowments? If "Yes," complete Schedule D, Part V	10		No
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI.	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.	11b		Νο
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If</i> "Yes," complete Schedule D, Parts XI, XII, and XIII	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If</i> "Yes," complete Schedule F, Parts I and IV	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $$5,000$ of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Parts III and IV.	16		No
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		Νο
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		N o
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b		

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b-24d and complete Schedule K. If "No," go to line 25	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		Νο
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III </i>	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Νο
Ь	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Νο
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		N o
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Νο
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If</i> " <i>Yes," complete Schedule M</i>	30		N o
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		N o
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		Νο
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? <i>If</i> "Yes," complete Schedule R, Part I	33		Νο
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		N o
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		Νο
а	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If</i> "Yes," complete Schedule R, Part V, line 2	36		N o
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	
		F	orm 990	(2010)

Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response to any question in this Part V		. [
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable			
	1a 68			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
	gaming (gambling) winnings to prize winners?	1c	Yes	
2a	Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax</i> Statements filed for the calendar year ending with or within the year covered by this			
	return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Yes	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		103	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the			
	year?	3a	Yes	
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		No
b	If "Yes," enter the name of the foreign country 🕒			
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		N o
эа b				No
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5b		
·	2. 100 to the building the organization metrom 6000-1. I I I I I I I	5с		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	6a	Yes	
h	organization solicit any contributions that were not tax deductible?			
_	were not tax deductible?	6b	Yes	
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		Νo
ь	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to			
	file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit			
_	contract?	7e		No
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a	74		
8	Form 1098-C?	7h		
0	the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess			
	business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
	Did the organization make any taxable distributions under section 4966?	9a		
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club			
-	facilities			
11	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O			
-				
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
c	Enter the amount of reserves on hand			
4.4-	Did the organization receive any nayments for indeer tanning convices during the tay year?	1.4-		NI ~
	Did the organization receive any payments for indoor tanning services during the tax year? If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14a 14b		No

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Se	ction A. Governing Body and Management							
			Yes	No				
1a	Enter the number of voting members of the governing body at the end of the tax							
	year							
b	Enter the number of voting members included in line 1a, above, who are independent							
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No				
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?.							
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Νo				
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		Νo				
6	Does the organization have members or stockholders?	6		Νo				
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		No				
ь	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		Νο				
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following							
а	The governing body?	8a	Yes					
ь	Each committee with authority to act on behalf of the governing body?	8b	Yes					
9	9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at th							
Se	organization's mailing address? If "Yes," provide the names and addresses in Schedule O ection B. Policies (This Section B requests information about policies not required by the Internal	9		Νo				
	evenue Code.)							
	·		Yes	No				
10a	Does the organization have local chapters, branches, or affiliates?	10a		Νo				
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b						
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11a		N o				
h	Describe in Schedule O the process, if any, used by the organization to review this Form 990			110				
	Describe in Schedule of the process, if any, used by the organization to review this Form 990							
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes					
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes					
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes					
13	Does the organization have a written whistleblower policy?	13	Yes					
14	Does the organization have a written document retention and destruction policy?	14	Yes					
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?							
а	The organization's CEO, Executive Director, or top management official	15a	Yes					
ь	Other officers or key employees of the organization	15b		Νο				
	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)							
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No				
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its							
	participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b						
Se	ection C. Disclosure							
47	List the Chates with which a convertible Form COO is required to be find in DC			_				

- LT List the States with which a copy of this Form 990 is required to be filed▶DC
- Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply

Own website Another's website Upon request

- 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization F
 THE PHILANTHROPY ROUNDTABLE
 1730 M STREET NW SUITE 601
 WASHINGTON, DC 20036

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response to any question in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

- ◆ List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- ◆ List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

Check this box if neither the organization	•	lated or	ganız	atıo	n co	mpens	ate	d any current office	r, dırector, or trust	ee
(A) Name and Title	(B) Average hours		tion (that a			II		(D) Reportable compensation from the	(E) Reportable compensation	(F) Estimated amount of other
	per week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
(1) MIKE GREBE CHAIRMAN	3 00	х		Х				0	0	0
(2) HEATHER HIGGINS VICE-CHAIRMAN	2 00	х		х				О	0	0
(3) KIMBERLY DENNIS SECRETARY	1 00	х		х				О	0	0
(4) DONN WEINBERG TREASURER	2 00	х		х				О	0	0
(5) ANA THOMPSON BOARD MEMBER	1 00	х						0	0	0
(6) JEFF SANDEFER BOARD MEMBER	1 00	х						О	0	0
(7) JIM PIERESON BOARD MEMBER	1 00	х						О	0	0
(8) ADAM MEYERSON PRESIDENT	40 00			х				277,000	0	34,500
(9) SHANNON TORONTO CHIEF OPERATING OFFICER	40 00				х			192,500	0	24,750
(10) SUE SANTA SENIOR VP OF PUBLIC POLICY	40 00				х			224,800	0	31,500
(11) THOMAS RILEY VP FOR COMMUNICATIONS	40 00				х			176,800	0	26,250
(12) JO KWONG DIRECTOR OF PHILANTHROPIC SERVICES	40 00					х		100,805	0	0

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

	(A) Name and Title	(B) A verage hours	1	tion that a	che)		iII		Repo compe	D) rtable nsation	(E) Reportable compensation		(F) Estima amount o	ated fother
		per week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organiza	n the ation (W- 9-MISC)	from related organizations (W- 2/1099- MISC)		compens from organizat relat organiza	the ion and ed
												+		
												+		
1b	Sub-Total						٠	•						
	Total from continuation sheets						<u> </u>	>		071 005		\perp		117.000
2	Total (add lines 1b and 1c) . Total number of individuals (inc \$100,000 in reportable competed)	luding but not lir	nıted to	thos	e lıs				received	971,905 d more tha		0		117,000
											Ţ		Yes	No
3	On line 1a? If "Yes," complete Sc					eye •	mploy •	ee, o	r highest • • •	compens:	ated employee	3		No
4	For any individual listed on line organization and related organization and related organizations.											4	Yes	
5	Did any person listed on line 1a services rendered to the organi								_	anızatıon o	r individual for	5		No
Se	ction B. Independent Cor	ntractors												
1	Complete this table for your five \$100,000 of compensation from			ndep	ende	ent o	ontra	ctors	that rec	eived more	than			
	Na	(A) me and business ad	dress							Descr	(B) iption of services		(C Comper	
1455	N SWIRSKI & ASSOCIATES PENN AVE NW SUITE 400 INGTON, DC 20004									LEGISLATIVE FOR FEDE	CONSULTING SERVI	CES		264,000
GOGE 1501	RTY MARRIOTT 4TH AVENUE LE, WA 98101									COMMUNICA CONSULTING	TION STRATEGY			180,000
JKM F 1501	RESEARCH 4TH AVENUE ILE, WA 98101									QUALITATIVE FOR VOICES	RESEARCH SERVIC	ES		102,400

2 Total number of independent contractors (including but not limited to those listed above) who received more than

\$100,000 in compensation from the organization -4

3 m + 1		2010)					Pa	age 9
all v	/111	Statement of Reven	ue		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	excluded from tax under sections
								512, 513, or 514
Contributions, gifts, grants and other similar amounts	b c d e f	Federated campaigns Membership dues Fundraising events Related organizations	1c . 1d . 1e ., and 1f e .nes 1a-1f \$	5,735,588	5,735,588			
Program Service Revenue	2a b c	REGISTRATION FEES		Business Code 541900	336,210	336,210		
Program Ser	e f g	All other program service re Total. Add lines 2a-2f			10,350 346,560		10,350	
	4 5 6a	Investment income (including and other similar amounts) Income from investment of tax-ext Royalties	empt bond proceeds	(II) Personal	131,482			131,48
	c d	expenses Rental income or (loss) Net rental income or (loss)		(II) O ther				
	b	Gross amount from sales of assets other than inventory Less cost or other basis and sales expenses Gain or (loss)						
	8a	Net gain or (loss) Gross income from fundraisi (not including \$ of contributions reported on See Part IV , line 18	ng events line 1c) •					
>	c 9a b		ndraising events	ab				
	10a b	Gross sales of inventory, les returns and allowances Less cost of goods sold Net income or (loss) from sa	a . b					
	11a b	Miscellaneous Revenue MISC INCOME		Business Code 541900	10,924			10,9
	c	: All other revenue						

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

A	All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).							
	ot include amounts reported on lines 6b, b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses			
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21	250,000	250,000					
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22							
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16							
4	Benefits paid to or for members							
5	Compensation of current officers, directors, trustees, and key employees	1,178,739	986,157	112,216	80,366			
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$							
7	Other salaries and wages	984,835	709,818	109,857	165,160			
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	97,944	70,593	10,925	16,426			
9	Other employee benefits	174,658	125,884	19,483	29,291			
10	Payroll taxes	126,385	91,092	14,098	21,195			
а	Fees for services (non-employees) Management							
b	Legal	6,450		6,450				
С	Accounting	17,741		17,741				
d	Lobbying	226,400	226,400					
е	Professional fundraising services See Part IV, line 17							
f	Investment management fees	13,693		13,693				
g	Other	921,343	894,103	25,740	1,500			
12	Advertising and promotion							
13	Office expenses	475,123	336,136	96,459	42,528			
14	Information technology	9,705		9,705				
15	Royalties							
16	Occupancy	198,656		198,656				
17	Travel	208,437	197,412	3,582	7,443			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials							
19	Conferences, conventions, and meetings	481,231	480,236	995				
20	Interest							
21	Payments to affiliates							
22	Depreciation, depletion, and amortization	21,410		21,410				
23	Insurance	13,589		13,589				
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)							
а	OVERHEAD ALLOCATION	0	250,760	-294,812	44,052			
b	STIPENDS AND HONORARIA	74,985	68,434	3,256	3,295			
c	OTHER EXPENSES	25,526	4,837	20,689				
d	PERSONAL PROPERTY TAXES	9,635		9,635				
e								
f	All other expenses							
25	Total functional expenses. Add lines 1 through 24f	5,516,485	4,691,862	413,367	411,256			
26	Joint costs. Check here ▶ ☐ If following							
	SOP 98-2 (ASC 958-720) Complete this line only if the							
	organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				000 (3.01.0)			

Form 990 (2010) Page **11** Part X Balance Sheet (A) (B) Beginning of year End of year 487.958 204.718 1 Cash—non-interest-bearing 1 1,789,825 2 5,667,751 893,000 802.000 3 2,713 12,897 4 4 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of 5 Schedule L . . . 6 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers, and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) 4ssets 7 8 8 Prepaid expenses and deferred charges 20,578 9 29.498 10a Land, buildings, and equipment cost or other basis Complete 219,727 Part VI of Schedule D 10a 10b 190.510 28.625 29.217 b Less accumulated depreciation 10c 5.184.074 11 11 Investments—other securities See Part IV, line 11 12 12 13 13 Investments—program-related See Part IV, line 11 . . 14 14 6.402 15 6.402 15 16 Total assets. Add lines 1 through 15 (must equal line 34) . . . 7,107,027 16 8.058.631 17 124.138 17 191.281 Accounts payable and accrued expenses . 18 18 19 19 20 20 Liabilities 21 Escrow or custodial account liability Complete Part IV of Schedule D . . 21 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified 22 23 23 Secured mortgages and notes payable to unrelated third parties . . 24 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities Complete Part X of Schedule D 6.221 25 3.218 26 130.359 26 194,499 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117, check here ▶ 🔽 and complete lines 27 Balances through 29, and lines 33 and 34. 27 Unrestricted net assets 5,164,540 6,369,887 Temporarily restricted net assets 1,812,128 1,494,245 28 28 Fund 29 29 Permanently restricted net assets Organizations that do not follow SFAS 117, check here ▶ □ and complete lines 30 through 34. 5 30 30 Capital stock or trust principal, or current funds Assets 31 Paid-in or capital surplus, or land, building or equipment fund 31 32 32 Retained earnings, endowment, accumulated income, or other funds ¥ 6,976,668 33 7,864,132 33 Total net assets or fund balances 34 Total liabilities and net assets/fund balances 7,107,027 8.058.631

Pal	Check if Schedule O contains a response to any question in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		6.2	224,55
2	Total expenses (must equal Part IX, column (A), line 25)	2		•	516,48
3	Revenue less expenses Subtract line 2 from line 1	3		7	708,069
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		6,9	976,66
5	Other changes in net assets or fund balances (explain in Schedule O)	5		1	179,39
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6		7,8	364,13
Par	Table Transport			৮	
1	Accounting method used to prepare the Form 990 Cash Accrual Other			Yes	No
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Νo
b	Were the organization's financial statements audited by an independent accountant?	[2b	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O		2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were is on a separate basis, consolidated basis, or both	sued			
	Separate basis Consolidated basis Both consolidated and separated basis				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		3a		Νο
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the re audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	quired	3b		

Employer identification number

OMB No 1545-0047

Inspection

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Public Charity Status and Public Support

Attach to Form 990 or Form 990-EZ. See separate instructions.

Name of the organization THE PHILANTHROPY ROUNDTABLE

IL PI	ITLANIII	13-2943020					
Par	+ T	Reason for Public Charity Status (All organizations must complete this part.) See instruc	tions				
		zation is not a private foundation because it is (For lines 1 through 11, check only one box)					
1		A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).					
2	_	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E)					
3	Ė	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).					
4	Ė	A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state					
5	Γ	An organization operated for the benefit of a college or university owned or operated by a governmental university of a college or university owned or operated by a governmental university of a college or university owned or operated by a governmental university owned or operated by a governmental university of a college or university owned or operated by a governmental university of a college or university owned or operated by a governmental university of a college or university owned or operated by a governmental university of a college of the colleg	t describe	d in			
6	Γ	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).					
7	<u>~</u>	An organization that normally receives a substantial part of its support from a governmental unit or from the described in section 170(b)(1)(A)(vi) (Complete Part II)	e general	public			
8	Γ	A community trust described in section 170(b)(1)(A)(vi) (Complete Part II)					
9	Γ	An organization that normally receives (1) more than 331/3% of its support from contributions, membersh	ıp fees, aı	nd gros	s s		
		receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more tha	n 331/3%	of			
		its support from gross investment income and unrelated business taxable income (less section 511 tax) fr	om busine	esses			
		acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III)					
LO	Γ	An organization organized and operated exclusively to test for public safety See section 509(a)(4).					
l 1	Γ	An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carr one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section box that describes the type of supporting organization and complete lines 11e through 11h a Type I b Type II c Type III - Functionally integrated d T	•	a)(3).	Check		
e	Γ		By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or				
f		If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box					
g		Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?					
		(i) a person who directly or indirectly controls, either alone or together with persons described in (ii)		Yes	No		
		and (III) below, the governing body of the the supported organization?	11g(i)				
		(ii) a family member of a person described in (i) above?	11g(ii)				
		(iii) a 35% controlled entity of a person described in (i) or (ii) above?	11g(iii)				

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see	(iv) Is th organizat col (i) lis your gove docume	e lon in ted in erning	(v) Did you no organizat col (i) of suppo	ion in your	(vi) Is the organizat col (i) org	e ion in anized	(vii) A mount of support
		instructions))	Yes	No	Yes	No	Yes	No	
Total									

Provide the following information about the supported organization(s)

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1) (A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

	under Part III. II the	e organización i	alls to quality u	inder the tests i	isted below, pie	ease co	mpiete i	'art III.)										
	ection A. Public Support endar year (or fiscal year beginning	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2	010	(f) Total										
1	in) ► Gifts, grants, contributions, and membership fees received (Do not	5,436,608			5,146,348		5,735,588	24,823,040										
	ınclude any "unusual grants ")	3,130,000	3,372,302	1,552,151	3,110,310	3,733,300		21,023,010										
2	Tax revenues levied for the organization's benefit and either																	
	paid to or expended on its behalf																	
3	The value of services or facilities furnished by a governmental unit to																	
4	Total. Add lines 1 through 3	5,436,608	3,972,362	4,532,134	5,146,348	5	5,735,588	24,823,040										
5	The portion of total contributions by each person (other than a governmental unit or publicly																	
	supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column							3,763,064										
6	(f) Public Support. Subtract line 5 from line 4							21,059,976										
S	ection B. Total Support				•		•											
Cal	endar year (or fiscal year	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 20	010	(f) Total										
7	A mounts from line 4	5,436,608	3,972,362	4,532,134	5,146,348	5	,735,588	24,823,040										
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar	76,001	175,950	142,838	16,771	131,482		131,482		131,482		131,482		131,482		131,48		543,042
9	Net income from unrelated business activities, whether or																	
10	not the business is regularly carried on Other income Do not include																	
	gain or loss from the sale of capital assets (Explain in Part IV)	19,026	39,635	48,267	15,867		10,924	133,719										
11	Total support (Add lines 7 through 10)							25,499,801										
12	Gross receipts from related activiti	es, etc (See inst	ructions)			12		1,842,215										
13	First Five Years If the Form 990 is to check this box and stop here	for the organızatı	on's first, second	, thırd, fourth, or fı	fth tax year as a !	501(c)(3	3) organız	ation, ▶┌										
S	ection C. Computation of Pub	olic Support P	ercentage															
14	Public Support Percentage for 2010	•		11 column (f))		14		82 590 %										
15	Public Support Percentage for 2009					15		84 520 %										
	33 1/3% support test—2010. If the and stop here. The organization qua 33 1/3% support test—2009. If the	ılıfıes as a publıc	ly supported orga	nızatıon				▶▽										
	box and stop here. The organization 10%-facts-and-circumstances test -is 10% or more, and if the organization mee organization	n qualifies as a p — 2010. If the org tion meets the "f	ublicly supported anization did not o acts and circums	organization check a box on lin tances" test, chec	e 13, 16a, or 16b k this box and st	and line	e 14 Explain	▶ □										
b	10%-facts-and-circumstances test- 15 is 10% or more, and if the organ Explain in Part IV how the organiza	nization meets th	e "facts and cırcu	mstances" test, c	heck this box and	stop he	ere.	•										
18	supported organization Private Foundation If the organizat							► □										
	instructions							▶ □										

Schedule A (Form 990 or 990-EZ) 2010 Page 3 Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.) Section A. Public Support Calendar year (or fiscal year beginning (a) 2006 **(b)** 2007 (c) 2008 (d) 2009 (e) 2010 (f) Total ın) 🟲 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified **b** A mounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year c Add lines 7a and 7b Public Support (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal year beginning **(e)** 2010 (a) 2006 **(b)** 2007 (c) 2008 (d) 2009 (f) Total ın) 9 Amounts from line 6 Gross income from interest, 10a dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b c Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include 12 gain or loss from the sale of capital assets (Explain in Part Total support (Add lines 9, 10c, 11 and 12) First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage

15	Public Support Percentage for 2010 (line 8 column (f) divided by line 13 column (f))	15					
16 Public support percentage from 2009 Schedule A, Part III, line 15		16					
S	Section D. Computation of Investment Income Percentage						
17	Investment income percentage for 2010 (line 10c column (f) divided by line 13 column (f))	17					
18	Investment income percentage from 2009 Schedule A , Part III, line 17	18					

19a 33 1/3% support tests—2010. If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

33 1/3% support tests—2009. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

Schedule A (Fo	orm 990 or 990-EZ) 2010	Pag
Part IV	Supplemental Information. Supplemental Information. Complete this required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. additional information. (See instructions).	•

Facts And	Circumstances	Test

Schedule A (Form 990 or 990-EZ) 2010

DLN: 93493130000421

OMB No 1545-0047

Inspection

SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527 ► Complete if the organization is described below.

Political Campaign and Lobbying Activities

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

If the organization answered "Yes," to Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities),

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- ◆ Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B

 Section 527 organizations Complete Part I-A only If the organization answered "Yes," to Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then ◆ Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B ◆ Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A If the organization answered "Yes," to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, Part V, line 35a (Proxy Tax), then ◆ Section 501(c)(4), (5), or (6) organizations Complete Part III Name of the organization Employer identification number THE PHILANTHROPY ROUNDTABLE 13-2943020 Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization. Provide a description of the organization's direct and indirect political campaign activities in Part IV 2 Political expenditures Volunteer hours Part I-B Complete if the organization is exempt under section 501(c)(3). Enter the amount of any excise tax incurred by the organization under section 4955 2 Enter the amount of any excise tax incurred by organization managers under section 4955 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? □ No Was a correction made? □ No If "Yes," describe in Part IV Part I-C Complete if the organization is exempt under section 501(c) except section 501(c)(3). Enter the amount directly expended by the filing organization for section 527 exempt function activities Enter the amount of the filing organization's funds contributed to other organizations for section 527 2 exempt funtion activities 3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b 4 Did the filing organization file Form 1120-POL for this year? Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV (a) Name (b) Address (c) EIN (d) A mount paid from filing organization's and promptly and funds If none, enter - 0 -

(e) A mount of political contributions received directly delivered to a separate political organization If none, enter -0-

section 4911 tax for this year?

☐ Yes ☐ No

P	art II-A Complete if the organization under section 501(h)).	is exempt under section 501(c)(3) a	nd filed Form 5768	(election
	Check I if the filing organization belongs to a	an affiliated group x A and "limited control" provisions apply		
	Limits on Lobbying E (The term "expenditures" means an		(a) Filing Organization's Totals	(b) Affiliated Group Totals
1a	Total lobbying expenditures to influence public o	pinion (grass roots lobbying)	24,400	
b	Total lobbying expenditures to influence a legisl	atıve body (dırect lobbyıng)		
c	Total lobbying expenditures (add lines 1a and 1	b)	24,400	
d	Other exempt purpose expenditures		5,492,085	
е	Total exempt purpose expenditures (add lines 1	c and 1d)	5,516,485	
f	Lobbying nontaxable amount Enter the amount columns	425,824		
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:		
	Not over \$500,000	20% of the amount on line 1e		
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000		
	Over \$17,000,000	\$1,000,000		
	Grassroots nontaxable amount (enter 25% of lir	ne 1f)	106,456	
h	Subtract line 1g from line 1a If zero or less, ent	er -0-	0	
	Subtract line 1 ffrom line 1 c If zero or less ente	ur - O -		

4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting

	Lobbying Expenditures During 4-Year Averaging Period								
	Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) Total			
_2a	Lobbying non-taxable amount	342,440	369,322	391,602	425,824	1,529,188			
ь 	Lobbying ceiling amount (150% ofline 2a, column(e))					2,293,782			
c	Total lobbying expenditures		65,715	14,400	24,400	104,515			
d	Grassroots non-taxable amount	85,610	92,331	97,901	106,456	382,298			
е 	Grassroots ceiling amount (150% of line 2d, column (e))					573,447			
f	Grassroots lobbying expenditures		65,715	14,400	24,400	104,515			

•	,		
Part II-B	Complete if the organization is exempt under section 501(c)(3) and has	NOT filed Fo	rm 5768
	(election under section 501(h)).		

	· · ·	(a)			(b)	
		Yes	No	/	A moun	t
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of					
а	Volunteers?					
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?					
С	Media advertisements?					
d	Mailings to members, legislators, or the public?					
е	Publications, or published or broadcast statements?					
f	Grants to other organizations for lobbying purposes?					
g	Direct contact with legislators, their staffs, government officials, or a legislative body?					
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?					
i	Other activities? If "Yes," describe in Part IV					
j	Total lines 1c through 1:					
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?					
b	If "Yes," enter the amount of any tax incurred under section 4912					
С	If "Yes," enter the amount of any tax incurred by organization managers under section 4912					
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).	501 (c))(5),	or s	ectio	1
					Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		ſ	1		

			Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?	1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2		
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?	3		

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, line 3 is answered "Yes".

1	Dues, assessments and similar amounts from members	1	
2	Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
а	Current year	2a	
ь	Carryover from last year	2b	

3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and		
	political expenditure next year?	4	
5	Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV Supplemental Information

Total

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1, Also, complete this part for any additional information

Ident if ier	Return Reference	Explanat ion
PART IV, SUPPLEMENTAL INFORMATION		DURING 2010, THE ORGANIZATION INCURRED TOTAL SELF-DEFENSE LOBBYING EXPENSES IN THE AMOUNT OF \$226,400 OF WHICH \$202,000 WAS DIRECT LOBBYING AND \$24,400 WAS GRASSROOTS LOBBYING SELF- DEFENSE DIRECT LOBBYING EXPENSES ARE NOT
		CONSIDERED LOBBYING EXPENDITURES AND THEREFORE ARE NOT SHOWN ON PART II-A, LINE 1B

2c

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DLN: 93493130000421

OMB No 1545-0047

SCHEDULE D (Form 990)

Department of the Treasury

Supplemental Financial Statements ► Complete if the organization answered "Yes," to Form 990,

Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Open to Public

ıs.		Tilsbec	uon
	-	cation numbe	er
ar Funds	or Account	ts. Comple	te if th
(b) Funds and	other accou	nts
<u>`</u>	,		
ın donor advı	cod		
ols	seu	☐ Yes	Гм
funds may be	e		
r for any othe	r purpose	⊏ v	_ N.
/aall ta Fawa	- 000 Dawl	,	No
res to Form	1 990, Part .	iv, line 7.	
a of an histori	cally importa	ntly land are	_
			а
Tora certifie	a motoric stre	acture	
e form of a co	nservation		
	Held at th	ne End of the	Year
2a			
2b			
2c			
2d			
	o organizatio	n during	
illilated by th	e organizatio	ii duriiig	
n, handling of	violations, ar	nd Yes	┌ No
easements d	uring the year	· -	
ements during	g the year ► \$	s	
ofsection		_	
		Yes	┌ No
ancıal staten	nents that de	scribes	
res, or Otl	ner Similaı	r Assets.	
8.			
			e,
		•	
	► \$		
	► \$		
sets for finan	cial gain, prov	vide the	
	► \$		
	► \$		
	In donor advisor? funds may be for any other for any other for any other for a certified e form of a certifie	In donor advised for any other purpose (es" to Form 990, Part of a certified historic structure form of a conservation Held at the 2a	Employer identification number 13-2943020 Iar Funds or Accounts. Comple (b) Funds and other accounts (b) Funds and other accounts (c) Funds and ot

Part	Organizations Maintaining Co	llections of Art	t, His	tori	cal T	<u>reasui</u>	res, or Ot	ner	Similar Asse	ts (co	ontinued)
	Using the organization's accession and othe items (check all that apply)	r records, check an	y of th	ne fol	owing	that are	a significar	nt us	e of its collection	1	
а	Public exhibition		d	Γ	Loan	orexch	ange progra	ms			
b	Scholarly research		e	Γ	O the	r					
c	Preservation for future generations										
	Provide a description of the organization's co	ollections and expla	ıın hov	w the	y furth	er the o	rganızatıon's	sexe	empt purpose in		
	During the year, did the organization solicit of assets to be sold to raise funds rather than t			,						Yes	┌ No
Part	Part IV, line 9, or reported an an						answered	l "Y∈	es" to Form 990	,	
	Is the organization an agent, trustee, custod included on Form 990, Part X?	ian or other interm	ediary	for c	ontribi	utions o	r other asse	ts n	ot _	Yes	┌ No
b	If "Yes," explain the arrangement in Part XIV	/ and complete the	follow	ving t	able		Г		A mou	nt	
c	Reginning halance						Ε.	Lc	Alloc		
d	Beginning balance Additions during the year							Ld			
e	Distributions during the year						<u> </u>	le			
f	Ending balance							Lf			
	Did the organization include an amount on Fo	orm 990 Part V lin	a 212				L			Yes	
			e Z I ′						1	. 65	1 140
Par	If "Yes," explain the arrangement in Part XIV t V Endowment Funds. Complete i		n and	:Wer	ad "Ve	s" to F	orm gan	Dart	· IV line 10		
rai	Endownient i unus. Complete i	(a)Current Year		Prior)Four Y	ears Back
1a	Beginning of year balance	, ,		-							
b	Contributions										
c	Investment earnings or losses										
d	Grants or scholarships										
e	Other expenditures for facilities and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the yea	r end balance held	as						•		
а	Board designated or quasi-endowment 🕨										
ь	Permanent endowment										
c	Term endowment ▶										
	Are there endowment funds not in the posses	ssion of the organiz	atıon	thata	are hel	d and ac	dministered	for t	he		
	organization by									Yes	No
	(i) unrelated organizations								3a(i)		
	(ii) related organizations								3a(ii)	 	<u> </u>
	If "Yes" to 3a(II), are the related organization Describe in Part XIV the intended uses of the second or the secon	·						•	ЗЬ		
Part						190 Da	rt X line 1	<u> </u>			
	investments Lund, buildings	s, and Equipme	116.			or other	(b)Cost or o		(c) Accumulated		
	Description of investment					estment)	basis (othe		depreciation	(d) B	ook value
	and		•								
	Buildings		•	<u> </u>							
c L	easehold improvements		•				76,	,247	73,512		2,735
	quipment		•	_			143,	,480	116,998		26,482
	Other		•								
									▶		29,217

Part VIII Investments—Other Securities. See	Form 990, Part X, line 12	<u>2</u> .
(a) Description of security or category	(b)Book value	(c) Method of valuation
(including name of security)	(2,233), 12,23	Cost or end-of-year market value
(1)Financial derivatives		
(2)Closely-held equity interests		
Other		
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)		
		12
Part VIII Investments—Program Related. See	Form 990, Part X, line	
(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
		Cost of end-of-year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)		
Part IX Other Assets. See Form 990, Part X, lin		
(a) Descrip		(b) Book value
(a) Descrip	1011	(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1.	5.)	
Part X Other Liabilities. See Form 990, Part X		
1 (a) Description of Liability	(b) A mount	
Federal Income Taxes		
DEFERRED RENT	3,218	
Total. (Column (b) should equal Form 990, Part X, col (B) line 25)	3,218	
	, ,	

	Reconciliation of Change in Net Assets from Form 990 to Financial Statemen	<u>nts</u>	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	6,224,554
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	5,516,485
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	708,069
4	Net unrealized gains (losses) on investments	4	179,395
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	179,395
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	887,464
Part	XII Reconciliation of Revenue per Audited Financial Statements With Revenue	er R	eturn
1	Total revenue, gains, and other support per audited financial statements	1	6,403,949
2	A mounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIV)		
e	Add lines 2a through 2d	2e	179,395
3	Subtract line 2e from line 1	3	6,224,554
4	A mounts included on Form 990, Part VIII, line 12, but not on line $oldsymbol{1}$		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIV) 4b		
c	Add lines 4a and 4b	4c	0
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	6,224,554
Part	XIII Reconciliation of Expenses per Audited Financial Statements With Expenses	s per	Return
1	Total expenses and losses per audited financial statements	1	5,516,485
2	A mounts included on line 1 but not on Form 990, Part IX, line 25	┢	
- а	Donated services and use of facilities		
b	Prior year adjustments	1	
c	Other losses		
d	Other (Describe in Part XIV)	1	
e	Add lines 2a through 2d	2e	0
3	Subtract line 2e from line 1	3	5,516,485
4	A mounts included on Form 990, Part IX, line 25, but not on line 1:		
	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
а		┨	
a b	Other (Describe in Part XIV) 4b		
	Other (Describe in Part XIV)	4c	0
b	<u> </u>	4c 5	5,516,485

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information

Identifier Return Reference Explanation

Schedule I

(Form 990)

DLN: 93493130000421 OMB No 1545-0047

Grants and Other Assistance to Organizations, Governments and Individuals in the United States

Department of the Treasury Internal Revenue Service			Attach to Form 9	Form 990, Part IV, line 990			Open to Public Inspection
Name of the organization THE PHILANTHROPY ROUNDT	ABLE					Employer identif	ication number
Part I General Inform	nation on Grants	and Assistance				13-2943020	
 Does the organization mainst the selection criteria used Describe in Part IV the organization 	ntain records to subs I to award the grants (tantiate the amount of t					☐ Yes
Part II Grants and Oth Form 990, Part I'	V, line 21 for any r	Governments and ecipient that received ded.	d more than \$5,000	. Check this box if r	no one recipient rece	ived more than \$5,0	
1 (a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) DONORS TRUST109 NORTH HENRY STREET ALEXANDRIA, VA 22314	52-2166327	501(C)(3)	250,000				TO ASSIST THE HERTO G/SIMO N FUND FOR POLICY ANALYSIS OF DONORS TRUST THE FUND WAS CREATED FOR SIGNIFICANT MAGAZINE ARTICLES THAT ADVANCE PUBLIC POLICY IDEAS

Enter total number of other organizations

Enter total number of section 501(c)(3) and government organizations .

Part III	Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, P	art IV, line 22.
	Use Schedule I-1 (Form 990) if additional space is needed.	

(a)Type of grant or assistance	(b)Number of recipients	(c)A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

Identifier Return Reference		Explanation
OTHER INFORMATION	PART IV	THE PHILANTHROPY ROUNDTABLE ADMINISTERS THE WILLIAM E SIMON PRIZE, WHICH PROVIDES A \$250,000
		PRIZE PAYABLE TO THE CHARITY OR CHARITIES OF THE PRIZE RECIPIENT'S CHOICE

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DLN: 93493130000421

OMB No 1545-0047

Open to Public Inspection

Schedule J (Form 990)

Department of the Treasury

Internal Revenue Service

For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees**

► Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

► Attach to Form 990. ► See separate instructions.

Name of the organization THE PHILANTHROPY ROUNDTABLE **Employer identification number**

13-2943020

Pa	It I Questions Regarding Compensation	on .			
				Yes	Νo
1a		ovided any of the following to or for a person listed in Form I to provide any relevant information regarding these items			
	First-class or charter travel	Housing allowance or residence for personal use			
	Travel for companions	Payments for business use of personal residence			
	Tax idemnification and gross-up payments	Health or social club dues or initiation fees			
	Discretionary spending account	Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the oreimbursement orprovision of all the expenses described.	rganization follow a written policy regarding payment or cribed above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to officers, directors, trustees, and the CEO/Executiv		2		
3	Indicate which, if any, of the following the organizat organization's CEO/Executive Director Check all t	•			
	Compensation committee	Written employment contract			
	Independent compensation consultant	Compensation survey or study			
	Form 990 of other organizations	Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, or a related organization	Part VII, Section A, line 1a with respect to the filing organization			
а	Receive a severance payment or change-of-contro	l payment from the organization or a related organization?	4a		Νo
b	Participate in, or receive payment from, a suppleme	ental nonqualified retirement plan?	4b		Νo
c	Participate in, or receive payment from, an equity-b	pased compensation arrangement?	4с		Νo
	If "Yes" to any of lines 4a-c, list the persons and \boldsymbol{p}	rovide the applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only m	ust complete lines 5-9.			
5	For persons listed in form 990, Part VII, Section A compensation contingent on the revenues of	, line 1a, did the organization pay or accrue any			
а	The organization?		5a		Νo
b	Any related organization?		5b		Νo
	If "Yes," to line 5a or 5b, describe in Part III				
6	For persons listed in form 990, Part VII, Section A compensation contingent on the net earnings of	, line 1a, did the organization pay or accrue any			
а	The organization?		6a	Yes	
Ь	Any related organization?		6b		Νo
	If "Yes," to line 6a or 6b, describe in Part III				
7	For persons listed in Form 990, Part VII, Section A payments not described in lines 5 and 6? If "Yes,"	, line 1a, did the organization provide any non-fixed describe in Part III	7		No
8	Were any amounts reported in Form 990, Part VII,	paid or accured pursuant to a contract that was			
		n Regs section 53 4958-4(a)(3)? If "Yes," describe			1
	ın Part III		8		Νo
9	If "Yes" to line 8, did the organization also follow th section 53 $4958-6(c)$?	ne rebuttable presumption procedure described in Regulations	9		

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(I)-(III) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name		(B) Breakdown of	f W-2 and/or 1099-MIS	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	
		compensation incentive rep		(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ
	(1) (11)	227,000	50,000 0	1		20,757 0		7 50,000 0 0
	(I) (II)	162,500 0	30,000		24,750			15,000
	(ı) (ıı)	192,300 0	32,500 0		7			20,000
	(I) (II)	173,800 0	3,000		26,250		I	0
(5)			1			1		
(6)	\neg	,				<u> </u>		
(7)	\top	,			†		†	
(8)	\dashv	,			+			
(9)	\rightarrow	,			+			
(10)	\dashv	,		<u> </u>	+			
(11)	\rightarrow	,			+			
(12)	\dashv	,			+			
(13)	\rightarrow				+			
(14)	\rightarrow	,						
(15)	\rightarrow	,						
(16)	\rightarrow	, 			+			

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

Ident if ier	Ret urn Ref erence	Explanation
	l ,	THE ORGANIZATION PROVIDED STAFF BONUSES IN 2010 BASED ON ORGANIZATIONAL PERFORMANCE MEASURES WHICH INCLUDED PROGRAMMATIC ACHIEVEMENTS AND FINANCIAL HEALTH

Schedule J (Form 990) 2010

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As Filed Data -

DLN: 93493130000421

SCHEDULE 0

(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

► Attach to Form 990 or 990-EZ.

OMB No 1545-0047
2010
Open to Public

Inspection

Name of the organization
THE PHILANTHROPY ROUNDTABLE

Employer identification number

13-2943020

ldentifier	Return Reference	Explanation
NEW PROGRAM SERVICES	FORM 990, PART III, LINE 2	THE ORGANIZATION LAUNCHED A NEW INITIATIVE IN 2010 CALLED VOICES FOR PHILANTHROPY WHICH SEEKS TO ENGAGE COMMUNITY LEADERS IN SHOWING THE VALUABLE IMPACT OF PHILANTHROPY

ldentifier	Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11		THE FORM 990 IS PREPARED BY AN OUTSIDE ACCOUNTING FIRM MANAGEMENT REVIEWS THE DRAFT RETURN PRIOR TO THE FILING WITH THE INTERNAL REVENUE SERVICES

ldentifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 12C	BOARD MEMBERS AND STAFF REVIEW AND SIGN THE CONFLICT OF INTEREST POLICY ANNUALLY

ldentifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 15A	THE BOARD DETERMINES THE COMPENSATION OF THE PRESIDENT ANNUALLY USING THE FORM 990 OF SIMILAR ORGANIZATIONS THIS PROCESS WAS LAST PERFORMED IN 2010 THE BOARD ALSO REVIEWS THE COMPENSATION FOR THE CHIEF OPERATING OFFICER AND SENIOR VICE PRESIDENT OF PUBLIC POLICY

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION C, LINE 19	THE ORGANIZATION DOES NOT MAKE ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS TO THE PUBLIC

ldentifier	Return Reference	Explanation
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	NET UNREALIZED GAINS ON INVESTMENTS 179,395

ldentifier	Return Reference	Explanation
	FORM 990, PART XI, LINE 2C	THE OVERSIGHT PROCESS AND SELECTION PROCESS HAVE NOT CHANGED

Additional Data

Software ID: Software Version:

EIN: 13-2943020

Name: THE PHILANTHROPY ROUNDTABLE

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

4d. Other program services							
(Code) (Expenses \$	517,120	including grants of \$) (Revenue \$)		
	PHILANTHROPY TO PRODUCE A MAGAZINE WHICH FOCUSES ON BROAD STRATEGIC QUESTIONS OF PHILANTHROPIC GIVING AND IS DISTRIBUTED TO MORE THAN 4,000 INDIVIDUALS						
(Code) (Expenses \$	59,246	including grants of \$) (Revenue \$)		
OTHER PUBLICATIONS TO PROVIDE PUBLICATIONS THAT ARE ON TOPICS OF INTEREST WITHIN THE PHILANTHROPIC COMMUNITY THEY HELP DONORS ACHIEVE PHILANTHROPIC EXCELLENCE, INCLUDING IN-DEPTH EXAMINATION OF THE PRINCIPLED AND PRACTICAL ASPECTS OF INTELLIGENT CHARITABLE GIVING							
(Code) (Expenses \$	367,742	including grants of \$) (Revenue \$)		
MEMBER SERVICES TO PROVIDE ONE-ON-ONE CONSULTATION OF GOVERNANCE ISSUES AND BEST PRACTICES IN CHARITABLE GIVING							
(Code) (Expenses \$	486,762	ıncludıng grants of \$) (Revenue \$)		
VOICES FOR PHILA	NTHROPY TO ENGAGE CO	OMMUNITY LE	EADERS IN SHOWING	THE VALUABLE IMPACT OF PHILANTHROPY			